

Foster Family Home - Corrective Action Report

Provider ID: 1-562860

Home Name: Rowena Caoili, CNA

99-307-B Eke Place

Aiea

HI 96701

Review ID: 1-562860-7

Reviewer: Julie Hastings

Begin Date: 1/21/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 2/21/2020

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)
PCG and CG#2 APS/CAN lapsed. Did 7/18/17 and 8/14/19

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(2)
CG#4 CNA license expired 11/30/2019

41.(g) No Skills Check for CG#3

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)
Client #1 and Client #2- No RN Delegation for CG#3 and CG#4
Client #3 No RN Delegation for CG#3

Foster Family Home - Corrective Action Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire

No Oct, Nov, Dec 2019 Fire Drill

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9)

Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)

Under the my choice, my way MedQuest rules, clients must be able to lock their bedroom and bathroom doors for privacy. Client bathroom door cannot be locked.

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5)

Client #1 Last Medication entry in Medication record was 1/12/2020

Client #2 Last Medication entry in Medication record was 12/31/2019

Client #3 Last Medication entry in Medication record was 1/07/2020

Julie Hastings RN, BSN
Compliance Manager

[Signature]
Primary Care Giver

Date

Date

**Community Care Foster Family Home (CCFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454**

CCFH Name: ROWENA CADILLI
CCFH Address: 99-307 EKE PLACE, AIEA, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(A)(2)	SINCE THE SURVEY THE PCG SUBMITTED THE UPDATED PICTURE COPY OF APS/CAN	1/21/20	THE PCG WILL MAKE AN APS/CAN CHECKLIST AND IT WILL BE REVIEWED BY THE PCG EVERY 6 MONTHS OR AS NEEDED. A POST IT WILL BE USE TO FLAG THE DATE IT SHOULD BE RENEWED AND WE WILL UPDATE THE FACILITY'S CALENDAR AND THE SUBSTITUTE BINDER. A POST IT WILL BE USE TO FLAG THE DATE IT SHOULD BE RENEWED AND WE WILL UPDATE THE FACILITY'S CALENDAR EVERY 6 MONTHS OR AS NEEDED. WE WILL
4(A)(2)	SINCE THE SURVEY THE PCG OBTAINED THE CURRENT CNA COPY OF CG # 4		

Primary Caregiver's Signature: [Signature]

Print Name: ROWENA CADILLI

Date of Signature: 3/23/20

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed In Corrective Action Report
 Chapter 17-1454

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 (A)	SINCE THE SURVEY CG3 WAS REMOVED.	1/21/20	ALSO PUT THE CHECKLIST ON THE REFRIGERATOR FOR EASY SITING AND UPDATE THE SUBSTITUTE BINDER EVERY 6 MONTHS OR AS NEEDED. THE PCG WILL MAKE SURE THAT ADMISSION REQUIREMENTS WILL BE REVIEWED DURING THE ADMISSION AND ONE WEEK AFTER IN ADDITION, THE PCG WILL MAKE SURE THAT ALL THE REQUIREMENTS ARE BEING SIGNED BY DESIGNATED CAREGIVERS. AGAIN, THE PCG WILL MAKE SURE THAT ADMISSION RE-
43(C)(3)	SINCE THE SURVEY CG3 AND #4 WERE BEING REMOVED.	1/21/20	

Primary Caregiver's Signature: [Signature]

Print Name: ROWENA CADILLI

Date of Signature: 3/27/20

Community Care Foster Family Home (CCFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFH Name: ROWENA CAOTU
CCFH Address: 99-307 EKE PLACE
AIEA, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
3(P)(B)(1)	SINCE THE SURVEY PCG MADE SURE THAT FIRE DRILL CHECKLIST IS BEING REVIEWED AND BEING DONE ON THAT DAY.	1/21/20	EQUIPMENTS ARE PROPERLY DELEGATED TO ALL SUBSTITUTE CAREGIVERS ON THE DAY OF ADMISSION OR 2 DAYS AFTER ADMISSION. PCG WILL REPRIMAND ALL SUBSTITUTE CAREGIVER TO FOLLOW ALL DELEGATIONS WILL BE INITIATED. A FIRE DRILL CHECKLIST IS BEING REVIEWED BY THE PCG EVERY MONTH AND AS NEEDED. ALSO, FIRE DRILL SCHEDULE IS BEING POSTED ON THE REFRIGERATOR.

Primary Caregiver's Signature: [Signature]

Print Name: ROWENA CAOTU

Date of Signature: 3/23/20

Community Care Foster Family Home (CCFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFH Name: POUENA CASILICCFH Address: 09-707 EWE PLACE
B10A, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53(b)(1)	door handle changed for client bathroom.	1/21/20	PCG & LG #2 will maintain all door handle for privacy.
54(c)(5)	MAR current & up to date for all clients.	4/21/20	starting today PCG Medication record will be signed daily.

Primary Caregiver's Signature: [Signature]Print Name: POUENA CASILIDate of Signature: 2/20/20